U.S. Department of Labor Office of Labor-Management Glandards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing. Name Deven F Johnson P.O. Box, Bldg., Room No., if any	4. Name, file number, and address of labor organization. Name OP & CMIA Local 72 Labor Organization File Number O 26394	
Deven	and the second s	
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 026394	
P.O. Box, Bldg., Room No., if any		
$\frac{1}{2} \left(\sum_{i \in \mathcal{A}_i} \sum_{i \in \mathcal$	P.O. Box, Building and Room Number, if any	
Street 3921 E Main Ave	Street 3921 E Main Ave	
City Spokane	City Spokane	
State Washington ZIP Code + 4 99202-4736	State Washington ZIP Code + 4 99202-4736	
5. Position in labor organization. Business Manager		
Enter appropriate data below if, during the past fiscal year, you or your s	pouse or minor child directly or indirectly had any of the following interests	
(except as specified in the ex	clusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization.	or derived income or other economic benefit of ation represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
1.5. 55A, 5.6g., (Control, II ally	7.b. Amount.	
Street		
City	guerran de conserve de la comprese de conserve de cons	
State ZIP Code + 4	Encourt augment grant and augment grant and augment grant augment grant augment grant grant grant grant grant g and grant gra	
Si	ignature	
submitted in this report (including the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)	
undersigned's knowledge and belief, true, correct, and complete. (See the		
Signed Deve Holm	On 3/12/65 (509)326-0575 Date Telephone Number	

Name of Person Filing Deven Johnson	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Washington ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name N.W. Laborers Employers Health & Security Tr Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trust Fund payed for expense of at Health & Security meeting.	tending annual
Street 201 Queen anne Avenue North	11.b. Approximate dollar value of such dealing.	\$646
City Seattle	12.a. Nature of interest held or income received.	
State Washington ZIP Code + 4 98109-4896		
	12.b. Amount.	\$ 646
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and an internal of the factor of the following the followi
Name Washington Capital Management	WCM provided four rounds of golf period.	during reporting
Trade Name, if any:		Companies and the second
P.O. Box, Bldg., Room No., if any		440-1-10
Street 1301 Fifth Ave Suite 1500		
City Seattle		And the control of th
State Washington ZIP Code + 4 98101-2632		
13.b, Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	\$227